72(0 4 5 NGV 17	RY - 9	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLA HEALTH AND A FICATE OF E	MENTAL HY	0 ,	3 . NO.	2 6	3 2
	-		EASED NAME	FIRST	1	WIOOFE	-	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	by be oge 3 death	11172 01	RPRINTI	BE	RNARD	M.	Δ	JDERSON.		November	: 10, 1	987	10:30am
	tor, pag	3. SEX			4 RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	ge 4 ector irs of	1	Male		White	e	Ja	i. 13,	1916	71	YRS	MOINTING DATS	MIN.
	deoth. Page uneral direct An 72 hours of ohe	7a. BIRT	THPLACE STATE OR FOI	REIGN	76. CITIZEN OF		MARRI	D MEVER		9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
5	the fundamental	10 CITY	Y OR TOWN OF DEATH		II. NAME OF H	HOSPITAL N	WIDOW URSING HOME STREET ADDRESS) L Center		VORCED [Cecil 120 USUAL OCCUP Mahayaman OIIIC	ATION STOP WORKING	125. KIND C	MD. DF BUSINESS OR
ND 2120	24 hours	USUAL 130. STA	RESIDENCE (IF NURSIN	G HOME OR O	OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION	13d INSIDE C	ITY LIMITS?	13e STREET ADDRE	SS		7010141
MARYLA	2	V.)	HER'S NAME FIRST		MIDDLE A.	Ande	rson		S MAIDEN NA FIRST	ME	E	Dav:	is
IMORE,	on ond co		AS DECEASED EVER IN S, NO OR UNKNOWN)	1 U.S. ARA 1 IF YES, GIVE 1942	MED FORCES? E WAR OR OATES! -1976		SECURITY NO.	Jeanne		Anderson	ORESS 3 (Wife)	Falls (ley Lane Church, VA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quires that the algoth certifical signed by the attending phy her please remove carbonopa to burion ceremity, or other traumotic event	F	Cardio pulmonary arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) Severe coronary artery disease DUE TO, OR AS A CONSEQUENCE OF Anoxic and encephalopathy PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
AL RECORI	do. do. hos been t permit. I ene prior	CERTIFICATION	90. DATE OF OPERATION	NC	19b. COND	ITION FOR W	VHICH OPERATION	N WAS PERFO	PRMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED 6 OF DEATH? NO
NOF VITA	SICIAN: The mp physicial projection of physicial projection in the physicial	a L	21a. ACCIDENT WAS UNDER OR CONTRIBUTING [] CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	TH HOUR A.	M. MONTH	H DAY YEAR			RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
IVISIO	or otherdan After the e os the burdants of the one morked or the	_	WHILE NOT WHILE AT WORK	E	21e. PLACE JAT HOME STE		OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY C	RIOWN	COUNTY	STATE
	pitol TOR: for us of He	2	22a. I certify that (X(1)		al) attended th	e deceased offer death.	from <u>June</u> ප්ර පපපහ ැ	nd that in (my)	, 19	to Noven	ber 10	our and from the	couses stoted
	the horner to DIRE		776. SIGNATURE	K.	Ull	love				MEDICAL DIRECTOR PH	STAFF YSICIAN 🔀		10-87
	HOSPI imed b FUNE pold be F the S	2	V. NELLA					VA M		Center, F	erry P	oint, M	d.
00	GRAGA		JRIAL, CREMATION, RI PECIFY) Burial	EMOVAL	236. DATE 11/13	/87	23c NAME OF Arlingt	cemetery or on Nati		em. 23d LOCATION CITY OR TOW	` Ar	11ggton	, VA STATE
71	DHMH - 16 50M (* 8)		NERAL DIRECTOR		•	ADI	DRESS		25a. DA	TE REC'D. BY REGIST	RAR 256 REGJ	STRAP'S SIGNA	- Kandalla
	(VRA 15, 4)	Cc	olonial Fur	neral	Home.	Falls	Church.	VA.	1 1	10 V 1 0 191	JI	230	

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If we shall the property of the state of the

	Poge 4 may be	director, page 3 nours after death	
in the second	ours often death.	p-by the funeral	e notified at once.
, MARYLAND 2	rted within 24 ho	ompletely filled I ond 2 should b	l expanige remuse
ST., BALTIMORE	(Agent Page	event, the medico
W. PRESTON	that the death co	by the attending ase remave carb	r ather traumatic
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending to an and completely filled in-by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbin about 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remo	MPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the medical expansion that
VISION OF VITA	TO HOSPITAL OR ATTENDING PHYSICIAN: The Lefened by the haspital or ottending physician.	er this certificates the burial-transioned Angles	ked or Item 18 sh
la C	L OR ATTENDING	DIRECTOR: Aft tached far use as been at Health	If Nem 21 is man
	TO HOSPITAL	should be de	IMPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

2

0 31	561 NOV 1	2 Bi	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENB 7	3 2) 3 3				
			CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR				
	oy be	TITPE	August	ine (Au	gustino) Bel	castro	November 6	, 1987	10:38P _M				
	E 0. %	3. SE.	x	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDE	R 1 YEAR IF UNDER 24 HRS				
	4 95	M	ale	Cauca	asian	8 MONTH	13 18 94	93	YRS	DATS HOURS MIN.				
	Poge I direct	7a. B1	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH				
	n 72	I	taly	U.S.A	4.	WIDOWE		Baltimo	ore Coc	MD.				
	20 34 87		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR				
Extended in	Z to the second	Per	rry Point	VA Medi	Lcal Cent	er		retired		laborer				
2 1	how how		AL RESIDENCE (IF NURSING HOME OF TATE		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	2	1013				
No.	within 24 hours of 2 should be	M	-	all	Baldwi		YES NO	3204 Fer	nwood C	ourt				
RYL	at 2 2 s	TAYER	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST				
WA	ond ond	4	Michael	Be	elcastro		Rosa		Gerace					
ORE,	S S Co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDR		21013				
IMO	6 0		es 191	7-1919	213 07	9864	Angelo Bel	castro, 3						
BALI			18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	line for (a), (b), an	d (c).)			В	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH				
ST.,		1	IMMEDI.	ATE CAUSE (0)	Congestive	e hear	rt failure							
NO	th car carb , or r		- P.	Due to, or as a consequence of										
REST	dea atte	1	Conditions, if ony, which	ove rise to immediate										
> ≥	t the		couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	ENCE OF								
0	s that the deat ed by the atter please remaye c rial, cremation, or ather traum			(c)										
IDS, 2	quire signi fhen f ta bu njury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN F	'ART Ito				
SCO.	been prior	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED CAUSES OF DEATH?				
AL R	he le	E		1 2				YES NO	YES	NO [
VII	HYSKCIAN: The I rding physician. Ins certificate has burial-transit pe I Mental Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR	PART 2)				
90	SKIA Signature S	S	OR CONTRIBUTING CAUSE OF D	EAIH	м.	19								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212	اة خَمَةٍ وَخِ	MEDICAL	21d INJURY OCCURRED		OF INJURY REET FACTORY, OFFICE F	ARM, ETC.)	211. LOCATION STREET	CITY OR I	OWN CO	UNTY STATE				
≥i Q	or offer the as the alth and marked		AT WORK NOT WHILE AT WORK			Ontol	0.7			- T. T.				
	G O O O O O O O O O O O O O O O O O O O		220.1 certify that (X(this has	pital) attended the	e deceased from _	27	nd that in MW (our) opinion	—, to Novemb	er 6 19 8	7, that (K (we) last				
	haspital haspital RECTOR: ed far us pt at He em 21 is		sow the deceased alive of above, (IK(we)) did) (axd)	view the body	ofter death.		DEGREE	ocom occorred on me c		c. DATE SIGNED				
	OR A DIRE oched Oched Dept		ZZB. SIGNATURE	1- 1-	:.V	MI	ATTENDING	MEDICAL STA	FF V	11/1/87				
	HOSPITAL HOSPITAL by the FUNERAL wild be detailed by the State of ORTANT:	-	220 PHYSICIAN'S NAME (TYPE	OR BRIDITI	VIIIAC	1 1	PHYSICIAN L	DIRECTOR PHYSI	CIAN	10 31				
	OSP TONE The													
	TO HOSPITAL OR AT retorned by the hosp TO FUNERAL DIRECT Should be detached it with the State Dept of MPORTANT: if them 2	22	Kevin M. Mill			NAME OF C	VA Medical	Center, Pe	rry Point	MD 21902				
			(SPECIFY)					CITY OF TOWN	COUN	TY STATE				
	BP		ntombment UNERAL DIRECTOR 26	11/10 3 S. Co	0/87 LconklingS	rrai	ne Park May 1224 ZSo. DAI	ISI. BALTIN	nore, Ma	ryLand				
	DHMH - 16 50M 1/B1 (VRA 15, 4)		NNINO F.H., Co		ADDRECC		11101	E REC'D. BY REGISTRAL	A THE REAL PROPERTY	CZ Plante				
		LA	THE PROPERTY OF THE PROPERTY O	HIVITIE 25	· Darcil	nore,	LID I VOV	0 1001	1					

(cr == 0 + 1)

Table 1 Course

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE?

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

EBENEZER

VA MEDICAL CENTER

CEMETERY

MONTH YEAR 2h HOUR 17, 1987 5:15A IF UNDER 1 YEAR IF UNDER 24 HRS YRS 9. BALTIMORE CITY OR COUNTY OF DEATH CECIL 12h KIND OF BUSINESS OR INDUSTRY U.S.AIR FORCE THEODORE ROAL LAST **MEARNS** ADDRESS MARYLAND DORIS B. JACKSON, 823 THEODORE RD. PORT DEPOSIT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY STATE CITY OR TOWN 108/ 22c. DATE SIGNED 11-17-87 PERRY POINT 23d LOCATION CITY OR TOWN RISING MARYLAN

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT

ld b

224 PHYSICIAN'S NAME (TYPE OR PRINT)

GLENDON

23g BURIAL CREMATION, REMOVAL

RAYSON

236 DATE

THE KADYO + SON

Patterson Funeral Home, Perryville, Md.

19,1987

HOV 23 THE JAL THENTSolve



STATE OF MARYLAND

- 2	2	1	5	6
J	6.0	-		

EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	8
			FICATE				_

	1-	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF I			6 0	3 0
V	AVDE	BAST PAME FIRST	MIDDLE	LAST	20	REG. NO DATE OF DEATH MONTH	OAY YEAR	26 HOUR
	(TYPE	Agne	es Pearl	Carter		//	15 87	4:55 am
	3 SEX	- (4 RACE	5. DATE OF BIRTH	6 A	GE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
		remale	White	12 8	10	76 YRS	MONINS DAYS	HOURS MIN.
g		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED MEVER	MARRIED 98	ALTIMORE CITY OR COUN	TY OF DEATH	
1		Va.	U.S. A		VORCED [Cecil		MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		(TYI	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING Seams Tress	LIFE) INDUSTRY	F BUSINESS OR
	USU A 130. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORM	RE ADMISSION) WN 13d INSIDE C	ITY LIMITS? 13e	STREET ADDRESS / ZIP COI		210111
	LA FA	THER'S NAME	rroya Del A	YES YES	S MAIDEN NAME	2906 Lives we	// /\U. ·	-1014
			- Bridge	man No	FIRST	Belle	Jon	es
7		/AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMA	O II	ADDRESS	110	0
4	/_	no	- 215-3	4-9684 Teg	gy Gille	V 2397 LI	berty tr	rove Na
77		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ily one couse per line for (a), (b), a	indic O		/	BETWEEN	MATE INTERVAL
				not fai	line		10	day
			DUE TO, OR AS A CONSEQU	UENCE OF	- 1 0		*	#
		Conditions, if ony, which gove rise to immediate	(b) Wen	ve chros	o c ruch	m moeroum	ro man	- mmw
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEON	UENCE OF		9		9
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL	L DISEASE OR CONDITION G	EIVEN IN PART 110	3
4	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFO	PMED 2	10a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	JCS LISED
	CERTIFICATION	THE DATE OF OFERATION	The Condition of the Co	TO CENTROL WAS TENIC		IN CERT	TIFYING CAUSES	
1		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	716. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 216 HOW IN	IJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART ?	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATR		CITY OR TOWN	COUNTY	STATE
			tal) attended the deceased from	5.1	. 19 8	10 11-15	19 8	that (I) (we) lost
		saw the deceased alive an above. (I) (we) (did) (did) no	it) view the body after death.	and that in (my)	(aur) apinion deoth	h accurred an the date and he	aur and from the	couses stated
		226 SIGNATURE	Paylor		ATTENDING M PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	77C DATE	6-87
		22d. PHYSICIAN'S NAME (TYPE O		22e ADONES	is ,		1	
		Neil	laylor	NO. A	15inex	Jun, M	9.	
		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR	CREMATORY 2	23d LOCATION	COUNTY	STATE
1			NDV 17 1007 B	el Air Memori	al Carder	ne Bel Air	Harford	MA

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR:

(VRA 15, 4)

IMPORTANT: If Hem 21

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

medical

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the

			5	T	A	T	E	0	F	1	M	A	R	Y	L	A	N	i
 		_		_	_													

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	-	KEGISTKAK				REG. N	O.			
		CEASED NAME FIRST	WIDDLE	-	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b_HOUR	
		CRPRINT) Elizabet	h W.	Carve	er	November	9,	1987	M	
	3. SEX	(A. RACE	S. DATE (6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS	
		Female	White		ust 11, 1891	, 96	YRS			
pri l	7a BIF	RTHPLACE (STATE OR FOREIGN	7). CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
		ryland -	USA	WIDOWI	ED NORCED	Cecil Cour			MD.	
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		OR OTHER INSTITUTION	12a USUAL OCCUPATI	E WORKING I	IFFY INDUSTRY	OF BUSINESS OR	
	100	kton	Union Hospital			Librarian	Wils	Sch. of N	ursing	
	13a. S	TATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BE		1134 INSIDE CITY LIMITS?	136 STREET ADDRESS	/ ZIP COD)F		
		ryland Cec	il Perryv	ille	YES NO X	1745 Perry	rille	Road 2	21903	
1	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ST	
1	-	Joseph 1	P. Wright		Anna			Naylo		
٦		VAS DECEASED EVER IN U.S. AF	13314 G GO GA WI 3W		17 INFORMANT	ADDRE		208:		
		res, no or unknown) (IF yes, GI	222-12-	2482A	Ann C. Lundel	L1,8211 Thom	reauD	rive,Be	thesda, Md	
		18 CAUSE OF DEATH (Enter of	nly one cause per line far io), (b),	and (c).)	1 () () ()		1	APPROX BETWEEN	ONSET AND DEATH	
			TE CAUSE (0) Circu	le 6a	inder Jula	una les	rend			
			DUE TO, OR AS A CONSE	QUENCE OF	r 1	1 . 7	,			
		Conditions, if any, which	((b)	(In	unover L	LL MIRT	14			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF						
		underlying cause lost.	(c)							
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	a	
	CERTIFICATION									
	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN		
	TIF					YES X NO		ES [NO 🗌	
-	CE	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 1B	PART 1 OR PART 2)		
	SAL	OR CONTRIBUTING CAUSE OF DE	AIR	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFI	SE 5 48 11 515)	211 LOCATION	CITY OR TO	WN	COUNTY	STATE	
	>	WHILE NOT WHILE AT WORK	TAT HOME STREET, PACTORY OPPI	CE, PARM, EIC }	3,422					
		22a.1 certify that (1) (this hasp	ital) ottended the deceased fro	m	2-15,19.87	7 10 11-9		19 87	that (i) we) lost	
		sow the deceased live or above (1) and did did no	of Friew the basis after death.	87,0	nd that In (my) our) opinion	death accurred on the de	ate and ho	ur and from the	couses stated	
		72L SIGNATURE	13/1		DEGREE			22c. DATE		
		- Jana	1) Vien !		ATTENDING PHYSICIAN D	MEDICAL STAI	FF TIAN []	Nov.	10,1987	
7		22d PHYSISTAN'S NAME (114	Programme C		22e. ADDRESS					
		/ Joseph (G. Lanzi, M. D.		721 Bridge S	Street, Elkt	con, I	Md.		
		URIAL, CREMATION, REMOVAL	23b DATE 2	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(Burial	Nov.13,1987 S	t. Marl	k'sCemeterv	Perryvill	e Ce	ecil Mar	rvland	
		MERAL DIRECTOR		1903	25a. DAT		25) REGIS	TRAR'S SIGNAT	TURE	
4	Ti	ee A. Patterso	n & Son, Perry		Md. NOV	1 7 1987	Julia	Divideon-	Kandaea	
							-			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

iding physicion and completely filled in by the funeral director, page 3 arbonpopers. Pages 1 and 2 should be (iled withly 72 hours after death.)

matic event, the medical or removol.

certificate be executed within 24 hours after death. Page 4 may be

	FOR
-	STATE
	DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

7	3	2	6	3	1

7	REGISTRAR			CERTIFI	CATE OF DEATH	REG	NO.		
	EASED NAME FIRST		MIDDLE	LA	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
,,,,,	WILLIA	M	F	-	HAIRS	NOVEMBER	1, 19		12:58
3. SEX	Male	1. RACE Whi	te	5. DATE O	240AY 1920R	66 AGE (IN YEARS LAS	T BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN.
	ATHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWEI	D NEVER MARRIED DIVORCED	9. BALTIMORE CIT Beci	Y OR COUN L Coun		M
PE	ERRY POINT, MD	VA MED	CAL CENT	ER	R OTHER INSTITUTION	120 USUAL OCCUP	ATION ost of working		ruction
13e. ST	Maryland Bal		13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO LOC	13e. STREET ADDRE	ss nwich	Way 21	221
FAT	THER'S NAME FIRST Frank	Chair:	LAST.		15, MOTHER'S MAIDEN NAV	Ridinger	r	LA!	51
	/AS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT		DRESS		
	Yes WW1		212-18-4	754	Frank H. Cha	irs, Jr.	Broth		AME
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	PROBAB R AS A CONSEQUE PNEUMONTA R AS A CONSEQUE DNTRIBUTING TO D	ENCE OF		IN AL DISEASE OR C	ONDITION C	GIVEN IN PART 10	0
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	
CAL	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.	m. Month da m.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	IN)URY IN ITEM I	8 PART I OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE F		211. LOCATION STREET		RTOWN	COUNTY	STATE
	220.1 certify that this hasp	oital) attended th	e deceosed from_	SEPTE 87	MRER 2 19 86 d that internal (aur) apinion		MRER_1		thomb (we) lo causes stated
	saw the deceased alive ar above, to (we) (did) (total) 22b. SIGNAT URE	NOVER	after death.		DEGREE				SIGNED
,	abave, we (we) (did) (b)	M. M	after death.		DEGREE		TAFE		AIGHED
,	22b. SIGNATURE	OR PRINT) R, M.D.	ille MF	\ \	DEGREE ATTENDING PHYSICIAN	MEDICAL STATE	STAFF YSICIAXIX	22c. DATE	1 87

BP DHMH - 16 50M 1/H (VRA 15, 4)

should be detoched for use as the burial-training permit. Then all with the State Dept. of Health and Meridal Hygiene prior to buri TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN, The

TO HOSPITAL

retained by the hospital or attending phys

BALTIMORE, MD. NOV 03 1987 ruzdzinski FUNERAL HOME; BALTIMORE, MD

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							LDECEASE	A A L A A

executed within 24 hours after death. Pag

certificate be

requires that the deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	13	2	()	4	
1	W	Sire	548		

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE NOV. 1.7. 1987

.101	10	WIGISTRAR		CENTIN	I CAIL OI	PERM	REG. NO	D .		
		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH DA	YEAR	25 HOUR
	TYPE	OR PRINT) Andre	W	Du	dick	Jr.	November 11, 1987 5.3			
- t	3. SE	(4 RACE		OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UND			IF UNDER 24 H
- 1		Male	White	MONT		28.1916	70	YRS. MO	NIHS DAYS	HOURS
	Je BI		Th. CITIZEN OF WHAT COUNTRY	? 8			9. BALTIMORE CITY O		FDEATH	
15		ttsburgh, Pa.	U.S.A.	WIDOW		DIVORCED T	C	ecil		
3		ty or town of DEATH rry Point		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1			126 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNKNOWN			of Business nknow
33	USU/ 13a. S M	AL RESIDENCE (# NURSING HOME OR CITATE ATYLAND HE	other institution, give residence bero TY 134 CITY OR TO Arford Edgewo	WN Od		CITY LIMITS?	13e STREET ADDRESS 606 Silv			
20	14. FA	THER'S NAME FIRST Andrew	ADOLE LAST Dudio	k Sr		R'S MAIDEN NA	ME MIDDLE UNKNOWN		ŁA	
		VAS DECEASED EVER IN U.S. ARA		URITY NO	17 INFOR	MANT	ADDRE	SS		
1			11 196 01	4973	V.A.I	M.C.Reco	rds, Perry	Point.	Marv]	land.
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Respiratory Arrest									
)	IMMEDIATE CAUSE (o)									
	Conditions, if ony, which (b) Carcinoma of colon with metastasis									
		Conditions, if ony, which gove rise to immediate	(b)	a or c	201011	with met	astasis		-	
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE CHRONIC	obstru	uctive	pulmona	ry disease			
	NO	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u> to	DEATH BUT	T NOT RELAT	ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I	0
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PER	FORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	, WERE FINDINGS USED YING CAUSES OF DEATH?	
9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR			RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	1 OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE		211. LOCA STR	TION REET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (this haspite saw the deceased alive on above, (1) (we) (did) (did) (80)	ol) attended the deceased from November 11 19. View the body after death.	Augue 87	t 27		to Novembe	r 11, 19 ate and hour o	87 and from the	that XII (we)
_		22b. SIGNATURE	ner Xo	Leur	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	F	22¢ DATE	SIGNED
		22d PHYSICIAN'S NAME (TYPE OR	PRINT)	1	220 ADDR	RESS				
1		PREM LAL, M.D.		/	VA M	edical C	enter, Perr	y Poin	t, MD	21902
	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	CEMETERY C	R CREMATORY	236 LOCATION		COUNTY	514
- 1		Burial	Nov.14 1987	C+ T	ohne By	zantine	Scranton	Toolen	T D MARIE	JIA

DHMH - 16 50M 1/81 (VRA 15, 4)

Patterson &

Son, Perryville, Md.

BP.

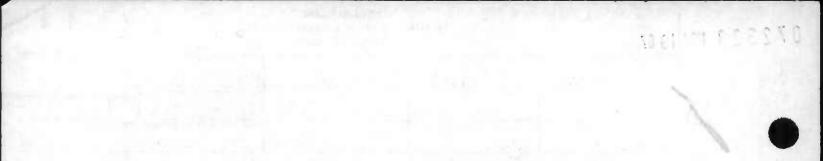
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72251 404 6		items 16b,17 FOR STATE per funera REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		4
1/335 F NOA 3		EASED NAME FIRST OR PRINT)		MIDDLE		AST		MONTH DAY YE	
noy be c		HOWAR		R.	EGERT		NOVEMBER :		7:30P
or, p	3. SE	(4. RACE		5. DATE (DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
rect Urs C	1	MALE	WHIT		NOV.	28 1907		YRS	
011635	(RTHPLACE (STATE OR FOREIGN COUNTRY) MD.	U.S	WHAT COUNTRY?	WIDOWI			COUNTY	М
3 112		ERRY POINT, MD	(IF NOT IN SU	HOSPITAL, NURSII JICH FACILITY, GIVE STREET DICAL CEN	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O CAPPENTE	F WORKING LIFE) INDUS	ND OF BUSINESS OF
22 has	USU, 13a S	AL RESIDENCE (IF NURSING HOME C TATE 136, COU TID. BAI	NOTHER INSTITUTION	N. GIVE RESIDENCE BEFOR 13c. CITY OR TOV BALTIMOI	VN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 8318 Old	l Harford F	Rd. 2123
mpletely and 2 st	FA	THER'S NAME FIRST UNKNOWN	WIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST UNKNOW	ME		LAST
Poger Comp	16a V	VAS DECEASED EVER IN U.S. A ES. NOOR JUNKNOWN) (# YES. G	RMED FORCES?	217-05-85	91	17. INFORMANT	ADDRE	salle at	
RDS, 201 W. PRESTON equires that the death c n signed by the attendir Then please remove cort to burial, cremation, or	NOI	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b)_ DUE TO, (c)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	neumor ence of		MIN AL DISEASE OR CON	DITION GIVEN IN PAR	₹₹ 1: o
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physicion. After this certificate has been signs on the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked or Item 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20h. IF YES, WERE FI IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
ON OF VITA TYSICIAN: T ding physici ss certificate buriol-tronsi Mental Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	T 2)
DIVISION OF ING PHYSICIA TO THE AUTHORITY OF THE PUNION OF THE DUNION OF	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE,	FARM ETC }	21f LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
R ATTENDIN hospital or RECTOR. Af red for use or spt of Healt		27e. certify that A (this has	oital) ottended t	the deceased from ,	July xxx.	10 , 19 87 and that in (my) (our) opinion	, to November death occurred on the de	ote and hour and from	n the causes stated
the here		aullin (). Her	und	2, /	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	FF _	DATE SIGNED
TO HOSPITAL reformed by if TO FUNERAL should be det with the Store IMPORTANT:		A. HERNANDI			0		Center, Per	ry Point,	Md.
BP		URIAL, CREMATION, REMOVA SPECIFY) CREMATION	236. DATE 11/25/			EMETERY OR CREMATORY Y PROCESS	23d LOCATION CITY OF TOWN BALT LMOF		MD. STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	Sc	nimunek Funera 31 Brehms Lane	l Home, Balto	Baltimoro	e, Md.		TE REC'D. BY REGISTRAR DV 27 1987		

OF MARYLAND	OF	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

72323 NOV	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 7 STORY OF THE								4 6	
		CEASED NAME FIRST		MIDDIE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
y be	{14P	Richard		Steel	Flei	schmann	November 11, 1	987	7:50P	
YOU A	3. SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1 1 28	Ма	le	Caucas	sian	Marc		81 _{YR}		HOURS MIN	
Pag # # #		IRTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY	? 8.		9 BALTIMORE CITY OR COUN			
d		nnsylvania	U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Cecil County		٨	
ofter de with	10. C	ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURS	NG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION	GUFEI INDUSTRY	OF BUSINESS C	
S S S S S S S S S S S S S S S S S S S	K1	Sing Sun AL RESIDENCE (IF NURSING HOM	Calver			Home	Phila. ElecMan	ge IF Tect	rical	
ed within 24 hours mpletely filled in by one 2 should be fill	130	state 13b. Co	YTAUC	13c. CITY OR TO		134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 401 Park Place			
1 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P		ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDIE	1AS	51	
po la		Reese	M.	Fleisch	mann	no.	Into			
		WAS DECEASED EVER IN U.S.	ARMED FORCES		URITY NO	17 INFORMANT	ADDRESS			
× × × × × × × × × × × × × × × × × × ×		YES (10 OR UNKNOWN) (IF YES	, GIVE WAR OR DATES!	159-18-	3495	Richard Flei	schmann PO Box 1	02 Delta	. Pa	
	-	18 CAUSE OF DEATH (Ente	r anly ane cause p	per line far (o), (b), a	ind (c).)		4		ONSET AND DE AT	
The state of the s		PART I. DEATH WAS CAL	JSEÓ BY: DIATE CAUSE (a)_		Respe	intron Failer				
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deoth deoth of the		Conditions, if any, which		OR AS A CONSEQU	Chama	i Oma diren	2-			
		gave rise to immediate	101.		-,00,00	7				
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ned by the please rurial, are							THE STATE OF CONDITIONS	CAUCAL BARRATA		
equire n sign Then p r to bu	NO O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
NG PHYSICIAN: The law requirent of the control of t	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES \ Y						YES, WERE FINDI RTIFYING CAUSES YES	NGS USED S OF DEATH?	
NITA NISCORPER TO SERVE TO SER	W.	216. ACCIDENT WAS UNDERLYING	110110	OF INJURY	DAY YEAR	211 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)		
SICIA ng pl certifi riol-tr ental	18	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19					
HYSIC nding his cer the or there	MEDICAL	21d. INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE	5 - 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 ·	21f LOCATION	CITY OF TOWN	COUNTY	STATE	
DING P or offer the e os the old the one of the one of the one old the one of the old	×	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY, OFFICE	. PARM, EIC J	J. Co.				
Do 4 o o E		220.1 certify that (I) (this he	ospital) ottended	the deceased from		3/7/ 1923		. 19	that (1) (we) la	
TEN TOR Or up of He		saw the deceased alive above, (I) (we) (did) (did	on 101	3/ 19	87	nd that in (my) (aur) apinion	deoth occurred an the date and	hour and from the	causes stated	
RECUSEC POSP		22b. SIGNATURE	nat) view the bo	dy after death.		DEGREE		22c. DATE	SIGNED	
L OR A toched toched e Dept:		Junes 1.	Denne	18mm		ATTENDING .	MEDICAL STAFF	311	12/67	
SPITAL 3 by th NERAL be deto e Store	7	224 PHYSICIAN'S NAME (IN		0.4		PHYSICIAN)	DIRECTOR PHYSICIAN	1/	12/0/	
HO FU POR				rworth,	M.D.		Main St. New	wark.	De.	
P € P € § ≤ →		BURIAL, CREMATION, REMOVE	AL 236 DATE 11-1			erris& Co	Vest Cheste	r Chest	er, T	
	24. F	UNERAL DIRECTOR	Funce	2Al Home	P.A	15. Q4		GISTRAR'S SIGNA		
DHMH - 16 50M 4/83 (VRA 15, 4)		- IAM	2	ADDRESS	EIKH	n, md. NU	10 198/ Julia	Devider-	andall	



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	0	60	100		-

	1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	3 2	2 6	4 3
9 9 5 NOV	1.70E	REBECCA C	AGNE	SINES	GALL	AHER 1 11 = 12	20. DATE OF DEATH	MONTH DA	2	3.00 AM
ar. po	3. SE	× Pal	4. RACE		5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR)		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Poge	7a B	IRTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	8	2 - 6 - 1901	9. BALJIMORE CITY O	YRS.	DE DEATH	
# 71F B		COUNTRY) Iaryland		S.A.	WIDOW	DIVORCED	(Pa.	0)	MD.
offer de	_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING CH FACILITY, GIVE STREET	NG HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MOST O		126. KIND C INDUSTRY	F BUSINESS OR
24 hours	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COULTY LAND	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [X]	13e STREET ADDRESS / 315 Cherry			21921 Elkton.Md
教育人	14. Fz	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
P P P		Charles	MIDDLE	Thompson	n, Sr	Mary	Ellen		Lyr	
Poges I		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	16b. SOCIAL SECU 219 20 5		17 INFORMANT G. Horace Gal	ADDRE	El		Md. 21921 Road
rificate by physicia on popers emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per D BY: TE CAUSE (a)	r line for (a), (b), an	dicu	ma let	+ Prend	7	BETWEEN	MATE INTERVAL ONSET AND DEATH
he death significant and significant control of significant control of significant signifi	NO	Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b)	OR AS A CONSEQUE	ENCE OF	e bony M	e farstage	S DITION GIVEN	V IN PART 110	2
on. has being to permit ows ony in	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, Y	WERE FINDING CAUSES	NGS USED OF DEATH?
SICIAN: TI ng physicia certificate riol-tronsit entol Hygin		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCURE		RY IN ITEM 18 PAR	T I OR PART 2)	
or ottendir After this e os the bu olth and M marked On	MEDICAL	21d. INJURY OCCURRED WHILE OF WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
pital TTEN TOR: far us of He		22a.1 certify that (1) (this haspital) attended the deceased fram 4/14/ 19 80 to 1/9/87 19 that (1) (we) last saw the deceased clive on 1/8/27 19 and that in (my) (aur) apinion death occurred an the date and havr and from the causes stated above, (1) (we) (did) (did nat) view the body after death.								
TAL OR A y the hos RAL DIREC detached tote Dept. VI: If Item		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								10/87
O HOSPITAL etoined by th TO FUNERAL should be det with the Stote		JATANTI	LAL	KA	TEL.	122 ADDRESS /2) /23 Sin	gerly Are,	, EIK+	en N	1721921
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	112 to 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	and the second		EMETERY OR CREMATORY Hill Methodis	23d LOCATION CHIT OR TOWN Cherry H	ill	Cecil	Md.
DHMH - 16 60M 7/84	24 FI	NERAL DIRECT	Funera	1s ADDRESS	Elkto	on Md.	MEG DI BY REGISTE OF	Sh. REGISTRA	AR'S SIGNAT	URE Pandale

STATE	UE	AR A D	VIAL	1D
JIMIE	UF	man	FLAT	10

DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Union Hospital of Cecil County

Oct.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

YEAR

1927

DIVORCED

K ON

13d. INSIDE CITY LIMITS?

Gladys

17 INFORMANT

Grace F.

65		
2	0	4
6140	34	173

REG. NO. 20. DATE OF DEATH MONTH 26 HOUR 60 BALTIMORE CITY OR COUNTY OF DEATH MD 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Clerk- Acme Market Food 13e STREET ADDRESS / ZIP CODE Peach Road Meadview 15. MOTHER'S MAIDEN NAME MIDDLE LAST Μ. Mann ADDRESS Greason, Peach Rd. Elkton. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 786. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗔 YES [NO F NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and frag the causes stated

00 0 orked

CERTIFICAT

MEDICAL

FOR

REGISTRAR

DECEASED NAME LITYPE OR PRINTS

Male

Maryland

4. FATHER'S NAME

No

Harvey

(YES, NO OR UNKNOWN)

Maryland

COUNTRY)

76. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

27 STATE

3. SEX

prior be buriol-tronsit p Mental Hygrer the DIRECTOR: MPORTANT

BP DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Nov.30.1987 24 FUNERAL DIRECTOR

27a.1 certify that (1) (this haspital) attended the deceased from

obove, Milwe) (did) (did not) view the body ofter death.

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
113b. COUNTY
113c: CITY OR TOWN

MIDDLE

A.

(IF YES, GIVE WAR OR DATES)

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and

IMMEDIATE CAUSE (0)

Cecil

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (0), stoting the

underlying couse lost

19a DATE OF OPERATION

71d. INJURY OCCURRED

22b. SIGNATURE

WHILE NOT WHILE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive on

LAN'S NAME (TYPE OR PRINT)

White

U.S.A.

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Elkton

LAST

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M. MONTH DAY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

Gregson, Sr.

166 SOCIAL SECURITY NO

216 24 9819

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

23c. NAME OF CEMETERY OR CREMATORY Gilpin Manor Mem.

DEGREE

23d LOCATION CITY OR TOWN Elkton

DIRECTOR PHYSICIAN

COUNTY Cecil

Park Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STAFF

Elkton, Md.

77e ADDRESS

21f LOCATION

STREET

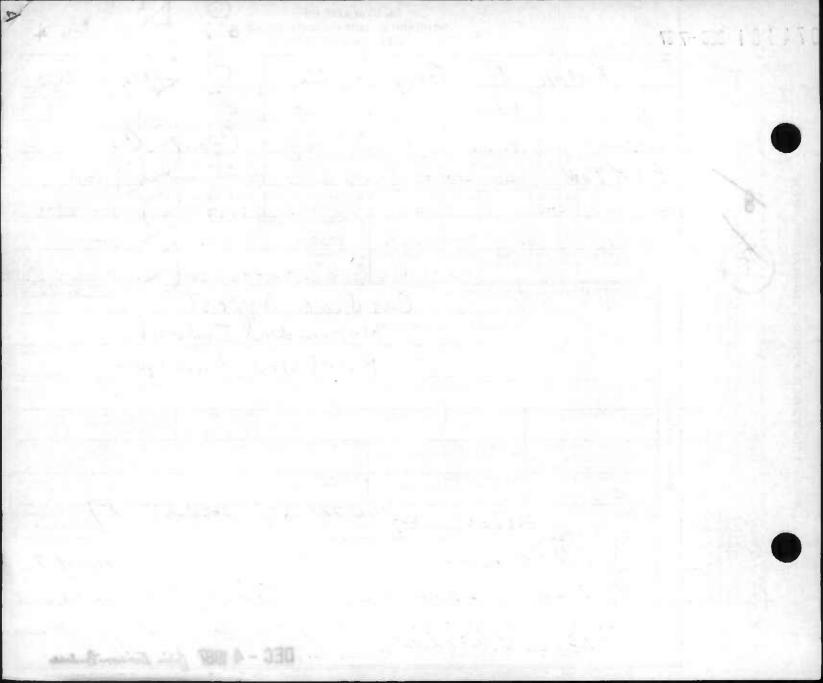
ATTENDING

PHYSICIAN

MEDICAL

STATE

27c. DATE SIGNED



STATE OF MARYLAND 2 2 8 1 NOV 18 87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED William George Hirt IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. N. RECORDS—201 W. PRESTON STREET, 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE April 24,1947 Male White 6/19 87 PM TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Cecil County ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Elec.Supervisor BritishPet,In Elkton Union Hospital of Cecil County 13d. INSIDE (IIY LIMITS? | 13e STREET ADDRESS | YES | NO K 1992 Kimberwick Road 136, COUNTY Pa. Delaware Media 14. FATHER'S NAME S MOTHER'S MAIDEN NAME Herman Margaret 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Yes (Navy) Viet Nam 235-72-5414 A. Hirt 1992 Kimberwick Rd Irene 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL CREMATION. WNER: THIS CERTIFICATE SHOULD BE EXECUTIONE, WRITING THE WORD "PENDING" I E FORWARDED TO THE CHIFF MEDICAL E TOR: PAGE 3 SHOULD BE USED AS A BURITHE STATE DEPARTMENT OF HEALTH AND LAND, 21201 PRIQR TO BURIAL, CREMATIC PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 10/ 27/1087 subject jumped from bridge into C&D Canal 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM ETC 1 WHILE AT WORK AT WORK C&D Canal At Chesapeake City Bridge, Cecil, Md. water TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2' 22a. I certify that I taak charge of the rema described obave, held ap Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) M.D. Chief 11/7/87 SIGNATURE E. Smialek , M.D. 111 Penn St., Balto., Md. 21201 ADDRESS_ 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Pa . SPCTemation 11-9-87 Cremation Specialists Media, NOV 1 7 1087 Julia Deviden Redden 24. FUNERAL DIRECTOR **DHMH - 17** Lee A. Patterson & Son, Perryville, Md. (VR-A15 MP (5)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 7n. DATE OF DEATH 7h HOUR LITYPE OF PRINTS Mannie Cleo Holbrook Nov. 1, 1987 AA 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX MONTH YEAR White Female Sept. 16, 1926 **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED | Cecil County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Elkton Union Hospital of Cecil County Assemb. Line worker Motor Mfg. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 197 Hollingworth Manor, 21921 Cecil Elkton Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Thomas Nunley Virginia Skeens Robert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Elkton, Md. 21921 219 34 0167 James C. Holbrook, 197 Hollingsworth Manor No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which Myocardio gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse COMO M CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 71d. INJURY OCCURRED 711 LOCATION 71e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE न्ते ' 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 7% SIGNATURE 22c. DATE SIGNED DEGREE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 234 PHISICIAN'S NAME ITHE OF MINT 77e ADDRESS Dr. Richard S. Ackart, M.D. 119 West High Street, Elkton, Md. 21921 73c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTO Hicks Home for Funerals

Nov.4,1987

Burial

Gilpin Manor Memorial

Elkton Cecil 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

Elkton,

I in by the funeral director, page 3 be filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CEDTIFIC ATE OF DEATH

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Savidon-Randelle

288	FOR T STATE REGISTRA	2				ALTH AND	MENTAL HYC DEATH	SIENES 7	REG. I	3	2	6	4 7	
(TYP	DECEASED NAME FIRST MIDDLE TYPE OR PRINT) HARRY WILLIAM					Hou	CHEA	Jr.	20 DATE OF DEATH MONTH			16	20.11001	
3. SE	x mal	е	white			DATE OF	BIRTH DAY	1927	6 AGE (INY	EARS LAST BI	RTHDAY)	MONT	NDER I YEAR	IF UNDER 2
1	Wa			HOSPITAL,	NURSING VESTREET ADD	HOME OF	OTHER INS	vorced [9 BALTIMO	Cec:	OR COUNTY	TY OF	2b. KIND O	
13a.	Cecil DAL RESIDENCE STATE MD ATHER'S NAME FIRST	E (IFNU NEO OU. Cal	vert		CE BEFORE AC	OMISSION)	13d INSIDE C	ITY LIMITS?	ISE STREET SR 1	ADDRESS 2201	irema V Whi		Gov't	/2065
16a \	larry	ED EVER IN U.S. AF	MIDOLE 11iam RMED FORCES? YE WAR OR OATES)		chen :		Mildre		An	ADDI	RESS 21 Piz	Koc	op	
z	gove rise cause ta underlying	, if any, which ta immediate 3, stating the	(b)	OR AS A COM	card NSEQUENC 15 C	CE OF	0	y Co	0			GIVEN I	Min YEA	ute
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES \(\text{NO.} \)							20b IF	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH					
MEDICAL CER	OR CONTRIBU (IF EITHER, NO 21d INJURY WHILE	IT WAS UNDERLYING [ITING CAUSE OF DE OTHER MEDICAL EXAMINER OCCURRED NOT WHILE	21e PLACE	OF INJURY .M. MON' .M. OF INJURY REET, FACTORY,		19	21f. LOCATION STREET	JURY OCCUR				B, PART 1	OR PART 2)	STA
	saw th abave. 22b. SIGNA		ilfir				ECREE	(our) opinian		_ ST/	AFF _	_, 19_		
23a.	(SPECIFY) Bur	MATION, REMOVAL	11-20	-87		me of ce Vete		CREMATORY		ation priown tenha	am .	cou PG	NTY	MD

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Rausch FH

Owings PREMD

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burnal-transit permit. Then please remove carban papers. P with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

attending physicion.

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages it and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH - 16 60M 7/ (VRA 15, 4)

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neral director, page 3 in 72 haurs after death

1	FOR - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	HYGIENE & 7	2 6 4 8
	PECEASED NAME HENRY	DAVIB	HUSFELT	NOV. 8, 198	PAY YEAR 26. HOUR
3. S	MALE	A. RACE CAUC.	S. DATE OF BIRTH OCT 1929	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY USA	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUR	
/ 1	CITY OR TOWN OF DEATH ELKTON	UNION SUCHOSPITAL, NURS	SING HOME OR OTHER INSTITUTION ALL OF CECIL CO.	120 USUAL OCCUPATION SERVICEMAN	12h KIND OF BUSINESS
	MARYLAND 13CE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TEARCH		5? 13. STREET ADDRESS / ZIP CO	DDE BEACH RD. @
A ILE	BEN JAMIN	MIDDLE HUSFELT	15. MOTHER'S MAIDEN MARGARET	INAME	ILEY LAST
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC NEWAR OR DATES) 217-34-		ADDRESS . HUSFELT wif	'e same
		enly one couse per line for (a), (b), (c) ED BY: ATE CAUSE (a) CARD/	AC ARREST	TO A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
CERTIFICATION		NSION	E MYOCARDIAGO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION 20a AUTOPSY? 20b. IF	GIVEN IN PART 116 YES, WERE FINDINGS USED
	2)a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW IN U.BY OC	YES NO NO NO CER	RTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL C	On CONTRIBUTION CONTRACTOR	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	COUNTED FEMSER MATURE OF INJURY IN HEW	IB PART I ORPART ZI
WE	AT WORK AT WORK	AT HOME STREET, FACTORY, OFFICE	E, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive or above, (Live a Gratidid o	of view the body after death.	end that in (my) (our) opin	nion death occurred on the date and	
	Patrici	a a. Gre	ve MS ATTENDIN PHYSICIA	G MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED 11-9-8
	PATRICIA	A. GREVE	CECTL-KE		ICES, GECILT
	BURIAL, CREMATION, REMOVAL	23b. DATE 11/11/87 23c	JOHNTOWN CEMET	ERY EARLEVILLE	
	FUNERAL DIRECTOR F.H.	226 E. MAINORS	T. CECILTON MI	NOV 91 2 1987	

STATE OF MARYLAND

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Same of the self in belief the St. Market

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱

FOR

REGISTRAR

- STATE

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove certifia with the State Dept. of Health and Mental Hygiene prior to burial, cremation, et the

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DHMH - 16 60M 7/84 (VRA 15, 4)

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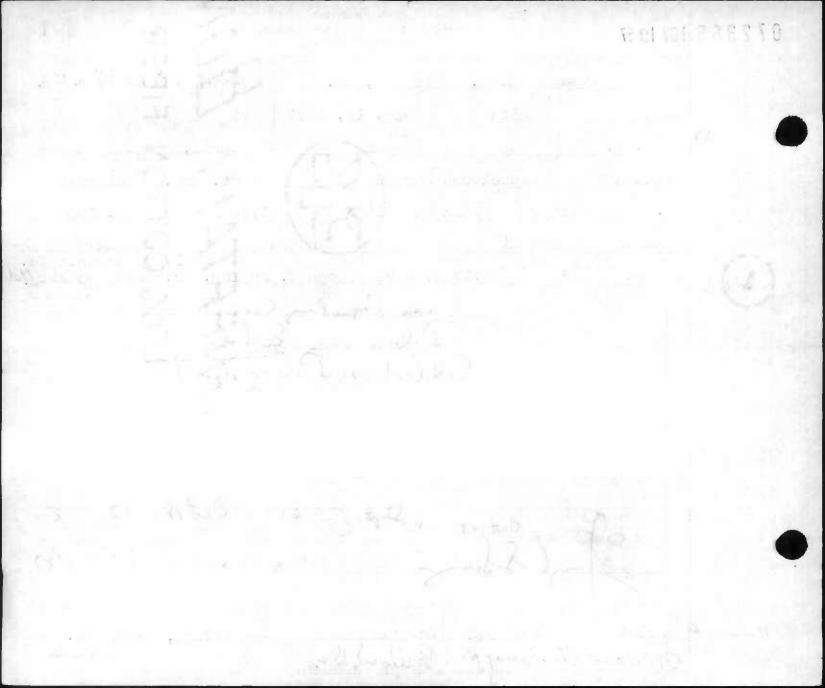
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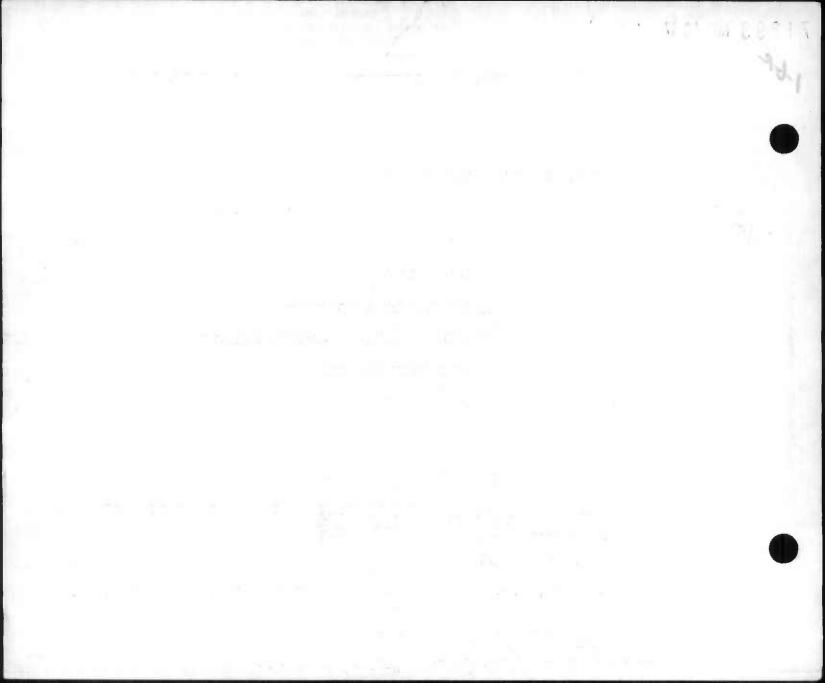
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

NO	VSTA9 07 REGISTRAR	D		EALTH AND MENTAL HY ICATE OF DEATH	GIENE & /	NO.	2 0	5
	ECEASED NAME FIRST	MIDDLE	I.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1111	Josei	ph E. K.	Krylo	w. Sr.	1 Oct	- /B.	1989	6.30 AM
3 SE		4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST I	SIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Ma	ale	White	Dec	4 - 4	95	YRS.	MONTHS DATS	HOURS MIN.
7#19	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY		Y OF DEATH	
17	N. Y.	USA	WIDOWE	DINEVER MARRIED L	Coni			
III. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME C		Ceci		12b. KIND C	MD. OF BUSINESS OR
	Elkton	(IF NOT IN SUCH FACILITY, G		77-	(TYPE OF WORK FOR MOS		FEI INDUSTRY	
-	AL RESIDENCE (IF NURSING HOME C	Laurelwoo		ng Home	Elect. I	ing.	Rail	road
13a.	STATE 1 COL	JNTY 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	E	
Mo		ford Por	t Deposi			pewel:	1 Rd.2	1904
	ATHER'S NAME	WIDDLE	EAST	15 MOTHER'S MAIDEN N	MIDDLE		LAS	ST
-		rowski		Candid			Ottina	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT	ADD	RES 1730	O Hope	well Rd
-	Yes WW1	717	07 6098	Joseph E.	Krylow,	Jr. J	Port De	eposit/
	18 CAUSE OF DEATH (Enter of	only one cause per line for to	(b), and ic	0	/		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	andia	Herry Vain	Correct			
		DUE TO, OR AS A CO	NISEON ENIGROE	1	0/10.			
	Conditions, if any, which	(Ib)	N SEUGENVEJO		2 Vola			
	gave rise to immediate couse (a), stating the		4 4 1			- 4		
	underlying couse lost	DUE TO, OR AS	NSPECE OF	/20 Des (· car Di	7		
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT BELATED TO THE TER	ANNAL DISEASE OR CO	NULTION CE	VENI INI DART 1	
Z	THAT I STILL STOTAL REALTS	CONDINONS CONTRIBOT	INO TO DEATH BOT	NOT KELATED TO THE TER	MINAL DISEASE OR CO	NDITION GI	VEIN IIN FART TO	
CERTIFICATION	IN DATE OF OPERATION	19h CONDITION FOR	WHICH OPERATION	78s. AUTOPSY? 26s. IF YES, WERE FINDINGS USED				
FIC		NE SAMBORDE	CONTRACTOR DATE	NO CONTRACTOR OF THE CO.	The state of the s	IN CERTI	FYING CAUSES	
ERT	TIE ACCESSIT WAS UNDERLYING !	71 21k TIME OF INJURY	ANTINCT DESCRIPTION	71: HOW INJURY OCCU	YES NO		ES.	NO []
	OR CONTRIBUTING CAUSE OF DE	MON MAN MON	TH DAY YEAR	The state of the s	MALES TRANSPORTED BY	Mary College (Inc.)	7 201 1 200 7 100 1 21	
MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY	19	711 EOCATION				
MEE	Second Contraction of the Contra	(AT HOWE STREET, SACTOR		SHILL	CITT DK	awy	COUNTY	STATE
1	At work D NOT WORK D		_	112	A-	4,0	6-3	
	72s I certify that this hose	F 1 110	d from	196	0 10 00	LIY	19 6	that III Colout
	saw the deceased alive a obove Theye a lid (did n				I drath occurred an the	dots and hou	ur and from the	couses stated
1	77h SIGNATURE	101		DEGREE			72L DATE	SIGNED
	1 m	& Ster	_	PHYSICIAN		AFF	1 1	18/87
	774 PHYSICIAN'S NAME ITH	Me pikeut)	0	22+ ADDRESS				1
0								
279.0	BURIAL CREMATION, REMOVA	1. ZIB. DATE	73s NAME OF C	EMETERY OR CREMATORY	1934 LOCATION			
1	Burial	7.0./22./02			ERY OF TOWN	1.5	COUNTY	MATE
_	UNERAL DIRECTOR	0/22/8/	lodd Fe	11ows 25s.04	JE REC DAN REGISTRA	A SECUR	FAR SKINAL	URF .
-	Section 1 1.	Barrer	COMES (D)	- 100 NO	V 1 6 1987		Dandson	Pandass





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DIVISION OF VITAL RECORDS, 201 W. PRESTON S	OR ATTENDING PHYSICIAN: The law requires that the death certificate E
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death. Page 4

in by the funeral director, page 3 in filed within 72 haurs ofter death

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the haspital ar attending physician.

TO HOSPITAL

BP.

IMPORTANT: If tem 21 is marked or them 18 shows any injury, or other traumatic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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)	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENT		NB 7	3 2	2 6 5	5 5	
	1. DECEASED NAME FIRST	WIDDLE	LA	AST		0. DATE OF DEATH	HTMON	DAY YEAR	26 HOUR	
1	(TYPE OR PRINT) Merle	J.amba Tyrnch	Lync	h		November	16,	1987	11:00B	
1	3. SEX 4	RACE	S. DATE O		1 -	. AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	Male W	hite	Jan		12	75	YRS	MONTHS DAYS	HOURS MIN.	
4	16" BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8	□ NEVER MARRI	- N	BALTIMORE CITY OF	COUNT	OF DEATH		
2	Pennsylvania	U.S.A.	WIDOWE			Cecil C	ounty	7	MD.	
22	10 CITY OR TOWN OF DEATH 11 Perry Point 11	Perry Point VAMC, Perry Point				20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Baker	WORKING LI	12b. KIND OI INDUSTRY FOOd	F BUSINESS OR	
100	USUAL RESIDENCE (# NURSING HOME OR OT 130. STATE Maryland Harfo	13c CITY OF TOWN	ADMISSION)	134 INSIDE CITY LIM		3. ŞTREET ADDREŞS 418 Stephn	ey Ro	oad 210	01	
Н	14 FATHER'S NAME FIRST MID	DDLE LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAST		
	Mark	W. Lynch		Bertha		В.		Donnell		
5	(YES, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO.	17. INFORMANT		ADDRES	SS			
	Yes WWI	11// 05 01	66 05 0579 VAMC, Perry Point, Maryland							
	18 CAUSE OF DEATH (Enter only o	one couse per line for (a), (b), and	(c).)					APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH	
1	PART I. DEATH WAS CAUSED E		atory	arrest						
	/ 88/		NCE OF							
	Conditions, if any, which	DUE TO, OR AS ACONSEQUE!	ral e	xtensive p	pneum	onia				
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	5.5						
	PART 2 OTHER SIGNIFICANT COL Schizophren:	HE TERMIN	I AL DISEASE OR COND	ITION GIV	EN IN PART 110					
1	Schizophren	196 CONDITION FOR WHICH C	OPERATION	ERATION WAS PERFORMED 200 AUTOPSY? 201 IN			IN CERTI	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO		
	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1JURY 21c HOW INJURY OCCUR			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	On contraction of Course of several	HOUR A.M. MONTH DA'	Y YEAR							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION						
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE FA	RM, ETC)	STREET		CITY OR TOW	/N	COUNTY	STATE	
1	22a.1 certify that 光 (this haspital saw the degased alive an 1 above 大 (we) (did) with york					, to <u>November</u> oth occurred on the do			that XI (we) lost couses stated	
1	226. SIGNATURE	1		DEGREE				22c. DATE S	SIGNED	
	Allend	lon / agoi	2 x	- Tillisi	DING ICIAN	MEDICAL STAF		11-1	16-87	
	22d. PHYSICIAN'S NAME (TYPE OR PE GLENDON RAYS)			VAMC,	Perry	Point, Mar	ylan	d		
		236. DATE 23c. N	AME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		COLING	,,,,,	
	Burial	11/21/87 Sad	sbury	's Friend	is (Christiana	Land	county	Pa.	
	24 FUNERAL DIRECTOR	16 2 3	2/	the M		REC'D. BY REGISTRAR			JRE	
j	Hicks Funeral Hor	me, Elkton, Md.	Vic	The state of the s	0 4 4	U 1981 July	Devid	con-Mande	R	

DHMH - 16 50M 1/81 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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-	* KEOISIKAN							REG. N	0.			
	DECEASED NAM	AE FIRST		MIDDLE	L	ST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(TYPE OR PRINT)	JAME	ES .	Α.		MAHANES		November 5	, 198	7	,	
3	SEX		4. RACE		5. DATE O			6. AGE IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
1	Male			Black	MONTH	23	°Ô5	82	YRS	MONTHS DAYS	HOURS MIN.	
1	a BIRTHPLACE COUNTRY)	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIED	NEVER M	APPIED T	9. BALTIMORE CITY C	R COUNTY	OF DEATH		
/	West Vi	rginia	U.S.A		WIDOWE		ORCED	Cecil Co) .		M	
-4	O. CITY OR TOWN	OF DEATH	(IE NOT IN SHO	HOSPITAL, NURSIN	G HOME O	R OTHER INSTI	TUTION	12a USUAL OCCUPAT	ON	126 KIND O INDUSTRY	F BUSINESS OF	
	Perry Po	int	Vetera	ns Admini	strat	ion		Retired-A	my			
2,1	AL RESIDENC	E (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS	(VE)			
7	Marylan			Havre de			NO 🗌	614 Erie S	St. 2	21078		
7.0	FATHER'S NAM					15. MOTHER'S						
N	FIRST	Unknowr	MIDDLE	LAST		F	IRST	Inknown MIDDLE		LAS	T	
-	60 WAS DECEAS	ED EVER IN U.S. AF		166. SOCIAL SECU	JRITY NO.	17. INFORMAN		ADDR	SS			
4	Yes, NO OR UNKI	HOWN) I IF YES, GI	1943	236 10 8		Eddio I	Mach	ington, A	321 Oa berdee	k St.	21001	
-						rdare r	. wası	illigion, Al	er dec	II, Md. 2	21001	
1	PART I.	DEATH (Enter of DEATH WAS CAUSE	nly one couse per ED BY:							BETWEEN	MATE INTERVAL ONSET AND DEATH	
1	+		TE CAUSE (0)	Cardio	pulmor	ary ar	rest					
-			DUE TO, O	R AS A CONSEQU	ENCE OF							
-	Conditions	, if ony, which	((b)	Emaciat	ion ar	nd dehy	dration	n.				
-1	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
-1	underlying couse lost. Metastatic cancer of prostate											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA									/EN IN PART 1/2		
_										El Till Ant III		
7	V 190 DATE O	OPERATION	19b. COND	ITION FOR WHICH	OPERATION					YES, WERE FINDINGS USED		
1	20 190. DATE OF OPERATION 19b. CONDITION FOR WHICH				OFERATION WAS FERFORMED			IN CERTIFYING CAUSES OF DE				
_	71a ACCIDEN	T WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJU				
	OR CONTRIBUTE	TING CAUSE OF DE	ATH HOUR A.		AY YEAR			(6.11)		,		
	~	OTIFY MEDICAL EXAMINE			19	211. LOCATIO	N					
1	21d. INJURY		21e PLACE	OF INJUKY REET, FACTORY, OFFICE I	FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
	AT WORK	NOT WHILE AT WORK										
П	22a.1 certify	thotX) (this hasp	ital) attended th	e deceased from_	August	14	. 1987				XXXXXXX	
	XXX	KXXXXXXXX	XXXXXXX	XXXXXXXX	XXXX on	d that in (my) (aur) apinian (death occurred on the d	ate and hou	r and from the	causes stated	
	77h 51GNA		tie w . ne body	Civer death.		EGREE				22c DATE	SIGNED	
П		+		and .		O A	TENDING	MEDICAL STA		11	6-87	
-1	PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN STATE (TYPE OF PRINT)								TT-	0-0/		
		JOHN LONE		.D.				Center, Per	ry Po	int, Md		
2		NATION, REMOVAL	23b. DATE	231	NAME OF C	METERY OR C	REMATORY	23d LOCATION		COUNTY	STATE	
	Buri	al	11/11/	87 Be	erkele	y Cemet	erv	Darkingt	on I	larford	Md.	
2	4 FUNERAL DIRE						25a D	PRECIDIBY RECIDIBAT	25b. REGIST		URE	
	NAME TO 1818 1 1	Funeral	Home A	hordon	Ma 21	001-339		- 1 10 130/	u -	married.	fondage	
	Tarring	runeral	nome, A	berdeen,	MG. ZI	001-00	//		7			

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be experimentally and being the hospital or ottending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and a prince filled in by the forming an error, page 3 should be detected for use of the bringht principle and the control of the principle	d or frem 48 shows agy injury, or other troumotic event, the medical manifold man be notice or one.
DIVISION OF VITAL RECORDS, 20	TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physical strongly be defined for use of the burner branches and the second of t	With the State Cept. Or recommon only energy care prior to bound, cremotors, or remotors, in IMPORTANT: If Hem 21 is morked or Hem-18 shows pay injury, or other troumotic event, the me

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 5

REG. NO.

P	PEGEASED NAME FIRST	WIGDLE	I	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
L	Mary	Margaret	Ma	rtin		11-16-87		6:45 pm		
3	SEX	4. RACE	5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
	female	Caucasion	18 M	26 1	897	90 YRS		HOURS MIN.		
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8			9. BALTIMORE CITY OR COUNTY OF DEATH				
	Austria	USA	WIDOWE	D NEVER MARE		Cecil		MD.		
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUT		120 USUAL OCCUPATION	126 KIND C	OF BUSINESS OR		
	Elkton	Laurelwood Nu		g Home		(TXRE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
13 M	SUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136 COUN [aryland Cec	VTY 13c. CITY OR TOW	N	13d INSIDE CITY L YESXOX NO		136 Reynolds	Ave.	21911		
3	FATHER'S NAME FIRST Alois	E b ⁿ si e r	•	Fran		WIDDLE	Linha	Trtner		
16	WAS DECEASED EVER IN U.S. AR			17 INFORMANT		67 Sunrise	Drive			
	no	217-52-	7257	Margare	+ Bo	11Rising Sun	MD 21	011		
F	18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), and	dic			TIMENTIE, MAN	APPROX	MATE INTERVAL ONSET AND DEATH		
1	PART I. DEATH WAS CAUSE			NARY ,	Arres	5 —	DETAVELIA	ONSET AND DEATH		
E		DUE TO, OR AS A CONSEQUE	NCE OF	/						
	Conditions, if any, which	((b)								
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF							
		(c)								
1		CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITION O	SIVEN IN PART 1	0		
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY? 20b. IF Y	YES, WERE FINDS	NGS USED OF DEATH?		
						YES NO YES NO				
	On COLUMNIA COLUMN OF DE			21c. HOW INJURY	Y OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM !	8 PART I OR PART 2}	11/21/11		
1 2	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION						
200	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE, F	ARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE		
	220 I certify that (I) (this hospi	tal) attended the deceased from_		6-1 11	9 82	_, to	19 87	that (1) (we) last		
П	saw the deceased alive on	t) view the body often death.	B7 . or			eath accurred on the date and h	our and from the	couses stated		
Н	22b. SIGNATURE	it) view the body offey deofn.	1	DEGREE			22c. DATE	SIGNED		
	Thomas	2 / - (/		NDING _	MEDICAL STAFF				
+	22d PHYSICIAN'S NAME (TYPE O	OR PRINT)	MO	22e ADDRESS	ICIAN [DIRECTOR PHYSICIAN				
	Thomas E.	Finucan			ridge	e Street, Ell	ston. M	arvland		
23	BE BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREM		23d LOCATION		wi y rana		
	Cremation	11-17-87 Si	7 1102	brook C	o m	Will min at an	COUNTY	STATE		
24	FUNERAL DIRECTOR	11 1 01 101	<u> </u>	DIOOK U		I Wilmington REC'D. BY REGISTRALES	STREET SOUNA			
F	R.T. Foard Fun	ADDRESS Ric	in ~	Sun MD	M	N 191981 Auto	Dangar	4		
1	I out a run	Elial Homo	TILE	oun. MII.	1.5					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

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B18	FOR 7STATE REGISTRAR	DEP	ARTMENT OF HEALTH AI CERTIFICATE O	NO MENTAL HYGIENES	REG. NO.	2 5 5 7	
	CEASED NAME FIRST	WIDDLE	LAST	2a. DA	ATE OF DEATH MONTH	DAY YEAR 26. HOUR	
1	,	RENCE	Mo	RRIS	H	587 1320 N	
3. SE	X	4 RACE	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.	
	Female	white	April 3, 1	7.7	Yrs	MONTHS DAYS HOURS MIN	
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	9. BAL	TIMORE CITY OR CO		
Ca	anada I	J S A USA	WIDOWED X	DIVORCED [Cecil	M	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER	INSTITUTION 12a U	SUAL OCCUPATION	12b. KIND OF BUSINESS OF	
10.4	Elkton	(IF NOT IN SUCH FACILITY, GIVES Union Hospi	- (Fileta	n,Md.)	orwork for most of work ousewife	INDUSTRY	
13a. S	AL RESIDENCE (IF NURSING NOME STATE 136 COI Cyland Ker	OR OTHER INSTITUTION, GIVE RESIDENCE I	BEFORE ADMISSION) TOWN 13d INSIE	DECITY LIMITS? 130 ST	P.O. Box #	161 21930	
	ATHER'S NAME	1 1 1 1		IER'S MAIDEN NAME			
D		Ellenberg LAST	На	nna Mae McC	Culloch	LAST	
16a. \	WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFO		P.ODDRBox	# 161	
1	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 063 12	1490 Myr	on B. Morris		own, Md. 21930	
						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAU	anly ane cause per line for (D), (b)	, ond (C)	tastatic	1. R- 00	7.5	
161	IMMEDI	ATE CAUSE (a)	miod Me	AUSTALIC	La Dowe	Syeous .	
DUE TO, OR AS A CONSEQUENCE OF							
	Conditions, if any, which gave rise to immediate	(b)					
	cause (D), stating the	DUE TO, OR AS A CONS					
	underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN						
7	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE OR CONDITIO	N GIVEN IN PART 1(a)	
CERTIFICATION	COA	30				IF YES, WERE FINDINGS USED	
ICA	198 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED 200		CERTIFYING CAUSES OF DEATH?	
RTIF					S NOE	YES NO	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LITIAONA A A A ALIONA			HTER NATURE OF INJURY IN ITE	EM 18, PART 1 OR PART 2]	
S	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211. LOC	ATION REET	CITY OR TOWN	COUNTY STATE	
-	AT WORK NOT WHILE						
		pital) ottended the deceased fr	4.0	, , ,		, 19, that (1)(we) los	
	spw the decented glive of	not) view the bady after death	19, and that in	my) (our) opinion death o	occurred on the dote on	d hour and from the couses stated	
	226 SIGNATURE	00	DEGREE		/	224. DATE SIGNED	
	WVa	I In room	MI		CTOR PHYSICIAN	1 11 5/8"	
	124 PHYSICIAN'S NAME LIVE	A PRINT)	22e. ADI	grand .			
	MARY	GARRE	c / M. (1.	OU BOLL	S+ 6	IKL Md	
730		AL 236. DATE	234, NAME OF CEMETERY	00 CO CO	LOCATION)	HZIEVA MINI	
230.	RIPIAL CREAMATION PEAMON.						
	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation		Silverbrook		CITY OR TOWN	De 1.	
_	Cremation	11/6/87	Silverbrook	Crematory W	ilmington,		
_	BURIAL, CREMATION, REMOV, (SPECIFY) Cremation (INERALDRECTOR	11/6/87		Crematory W	ilmington,	Del.	

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

072904 10:1367

1 - STATE

REGISTRAR

Plumber 13e.STREET ADDRESS / ZIP CODE W. Pulaski Hwy ADDINESS W. Pulaski 404-32-07/2 Clarine Newsome Elkton, Md. 21921 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED MPORTANT: H should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN STATE Nottingham West Colora 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE North East, Md. DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

2b HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

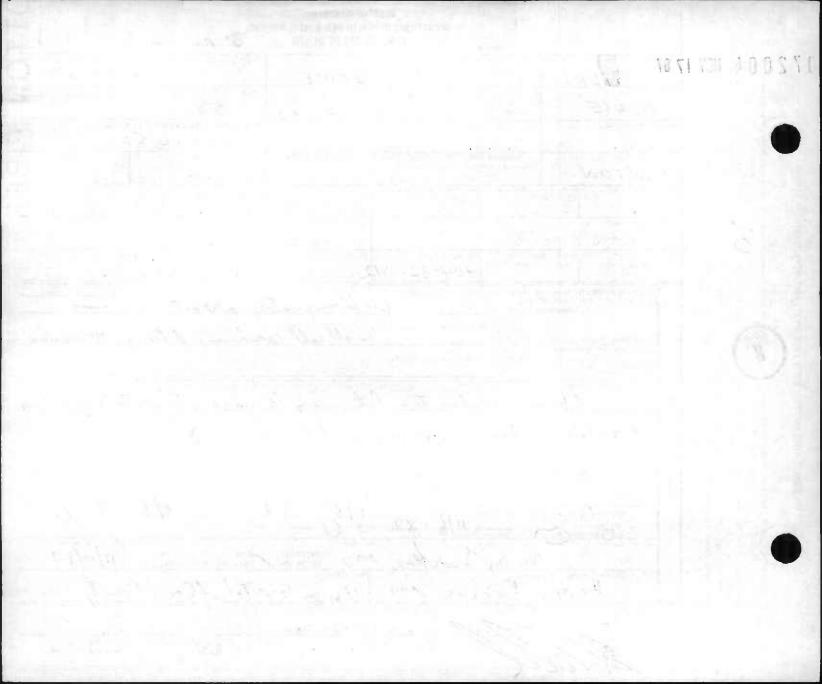
INDUSTRY

3

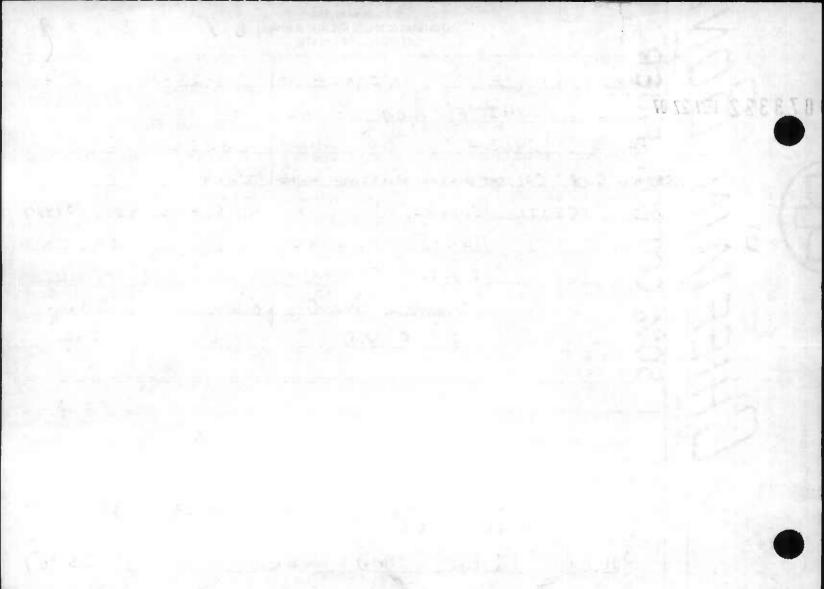
IF UNDER 24 HRS.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



				STATE OF MARYLAND			and the same
	11	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HYG	IENE 8 7	3 2 0	5 9
		REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
o p p p p p p p p p p p p p p p p p p p	(TYE	E OR PRINT)	J	1-1-4- 1 WIF	11-2	3 - 87	-20
poge	-	MARY		NICKLE	6 AGE (IN YEARS LAST BE		J A M
0 7 2 2 2 NOV	3. 51		4 RACE	5 DATE OF BIRTH	AGE (IN YEARS LAST BE	MONTHS DATS	HOURS MIN.
0 7 3 3 2 2 NOV	127	EMALE	WHITE	04 30 06	81	YRS	
1 1 1 Ave	A.	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY	OR COUNTY OF DEATH	
4 IF V		COUNTRY	12.5.A.	MARRIED NEVER MARRIED	CERT	-,	440
8 55 2-	110 (ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPAT	ION TIS KIND (MD. OF BUSINESS OR
1 12 600	100		(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST) 803114E33 OK
5 - 5 70	-1 R:	ISING SUN	CALVERT MANOR	NURSING HOME	COOK		
2 6 6 2	USL		ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		(3:0 CODE	
9 2 2	130	1. 5	1 - 1 0 . 1	YES NO DE	13e.STREET ADDRESS	7 ZIP CODE	21010
4 2 2	114.5	MD. CE	CIL COLOR	15 MOTHER'S MAIDEN NA	AT SCH	OOL RUI	2171
4 12100	4	FIRST	MIDDLE LAST	FIRST	MIDDLE	LA	ST
3 7 2 80 80	1	JOHN	DAWSO	N LAURA		IR	NIN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		WAS DECEASED EVER IN U.S. AF		IRITY NO. 17 INFORMANT	ADDR	ESS	
Q = 00 pa		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 218-26	-366 SAMUEL HI	JICKLE	COLORA,	010
£ 3 52 1/	-				V TC/I LE		7010.
A to the total		18 CAUSE OF DEATH Enter of	nly ane cause per line far (a), (b), an	dic.	1.1	BETWEEN	ONSET AND DEATH
· 日本の信義を表す			TE CAUSE (a)	Time Nearl	Lavure	3	dem
Z 18 20 20 20 20 20 20 20 20 20 20 20 20 20		100	DUE TO, OR AS A CONSEQUI	ENCE OF	V	(. 0
G Ammagan E		Canditions, if any, which	A C	C. V.D.		in the	Ama .
# 0 TOTA		gave rise to immediate	(b) 1133	0.0.0.			9
\$ 4 458.2		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
to de la		oliderlying coose lost.	(c)				
2 4 4 4 6 6		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	0
00 gr 11 gr 10 gr	8						
0 1 1 1 1	CERTIFICATION	19a DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI	
IL REC) E					IN CERTIFYING CAUSES	
The cior	₩ 5				YES NO	YES	NO 🗌
N Z S S S S S S S S S S S S S S S S S S	U	210. ACCIDENT WAS UNDERLYING	THE PARTY AND MANAGEMENT TO	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)	
6 5 16 17	₹	OR CONTRIBUTING CAUSE OF DE	AIII	19			
NO STORY OF STORY	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
ASS of the state o	N N	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, I	ARM ETC) STREET	CITY OR TO	Own COUNTY	STATE
Div.		AT WORK		1	11-7	5 5	
9- 233 5			ital) attended the deceased fram	6-13 19 80	to	19 0 /	that (I) (we) last
## 53.9 E		saw the deceased alive at	ot) view the body after death.	, and that in (my) (aur) apinian	death accurred on the o	late and have and from the	causes stated
The second secon		22b. SIGNATURE	or, view the body direct death.	DEGREE		22c. DATE	SIGNED
0 2 2 2 2 2		1 011 . 0	0121	MO ATTENDING	MEDICAL STA	(FF))	72-5
五 五 五 五 五 五 五	-	Inch	Taylor	THORNA	DIRECTOR PHYSI	CIAN	2 0
ATA RIA		226 PHYSICIAN'S NAME (TY	PRINT)	22e ADDRESS	. <	00	
TO HOSPITA TO FUNERA Should be day with the Stant		I Weil	Vaylor 1	NO	Ina)	Um. IVLZ	
should should be	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION		
DD		(SPB(IF))	11 25 87 1	30 King of Com	O CITY OR TOWN	S PUNITY	J. M. D
BP	24		111-42-01	Trus Diew cem	ISINA.	The Decision of Control	e) to a co
DHMH - 16 60M 7/84	74	NAME DIRECTOR	L. Google ADDREST	2. C ALON	O 5 4007	256. REGISTRARIS SIGNA	A CONTRACTOR OF THE PROPERTY O
		/ / /	1/1/	using Sun. MININ	(3) 190/	17	_
(VRA 15, 4)		tourd tun	exal (XT ome_	reachy Jan 1 Million	A S. TRAIL	10 mary	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 072518 NOV 20 CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) A. AGE IN YEARS LAST BIRTHDAY DATE BALTIMORE CITY OR COUNTY, OF DEATH MARRIED DIVORCED [NAME S MAIDEN MAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES BALTIMORE OF YES, GIVE WAR OR DATES! 11 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (iii), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BULL IN COLLER couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1107 CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive an_ , and that in (my) (our) opinion death occurred on the date and haur and fram the couses stoted obave, (1) (we) (did) (did not) view the body ofter deoth 22c. DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES (VR A 15 (4))

1012 11 125 11

CAR CAR

Manager State of the State of t

Carol P. Mullen 332 Hutton Rd.. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE: and that immy (aur) apinian death accurred an the date and haur and fram the causes stated 22c DATE SIGNED 1 - 7 - 87121 Bridge St. Elkton, md. 21921 23d LOCATION STATE COUNTY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

26. HOUR

HOURS.

12b. KIND OF BUSINESS OR

at home

Johnson

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

DAYS

MONTHS

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

14. FUNERAL DIRECTO.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱 CERTIFICATE OF DEATH

072744 NOV 23-8 ATE DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 26 HOUR LIYPE OR PRINTS Perry Nov. 17 1987 Margaret E. 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTH DAY YEAR Female White 27 May 1902 YRS M. BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Cecil County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 285 Old Bay View Road North East Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Cecil Marvland North East YES | NO X 285 Old Bay View Road 21901 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Kline Delaplane Clara В. M. Guiberson WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS LYES NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 219 42 5581 21921 No Wilmer C. Abrams, Elkton, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic ADENO Ca Color PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE STREET (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK 220.1 certify that (I) (the horpital) often in the ____, that (li_bee) last saw the deceased olive on_ and that in (my) (my) apinian death occurred on the date and have and from the couses stated abave, (1) (and (did not) view to body after DEGREE 220 DATE SIGNED STAFF ATTENDING PHYSICIAN P DIRECTOR | PHYSICIAN 21921 221 East Main Street, Elkton, Md. Dr. Robert Gray M. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b, DATE CITY OF TOWN Burial Bay View Cemetery Md. Bay View Cecil REGISTRAR 166 REGISTRAR'S SIGNATION Funerals

ADDRESS Elkton, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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PRESTON ST.,

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) Marv E., Pierce Nov. 1987 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female White Sept. 24, 1918 69 JO-BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Cecil County Maryland U.S.A. WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elkton Union Hospital of Cecil County Presser Cleaning Retail USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY
131a. CITY OR TOTAL OF THE PROPERTY OF THE PRO 21921 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Cecil Elkton Maryland NOX 804 Jsckson Hall School Rd. 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Eli Franklin Farwell Viola Meta Spratt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN HE YES, GIVE WAR OR DATES! No 219 10 9181 Richard J. Pierce, Elkton, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P M 214 INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM ETC 1 CIPELL AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from ... 19______ that || twetlast saw the deceased alive an 10 / and that in (my) (aser) apinian death accurred on the date and have and from the causes stated DEGREE

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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL 236 DATE Burial

24 FUNERATIONS Home for Funerals

PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Robert Gray, M.D.

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

220 DATESIGNER

Md.

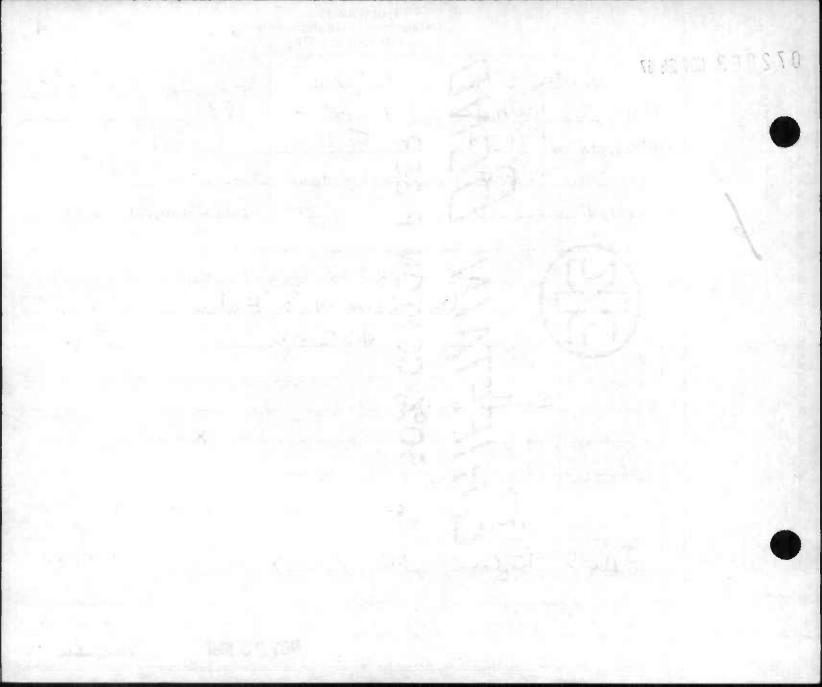
221 East Main St., Elkton, Md. 21921

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Nov. 6,1987 St. Johns M.E. Cemetery Lewisville Cecil

> M 50 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Elkton,

1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	3 2 5
NOV 2	CEASED NAME FIRST	WIDDLE	Putvan	20 DATE OF DEATH	MONTH DAY YEAR 21
3 SI	Male	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	YRS PARS PARS
DIN	noth Carolina	US A	MARRIED NEVER MARRIED WIDOWED DIVORCED DI	9 BALTIMORE CITY O	cil
O R	ising Sun	GIF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS) R NURSING HOME FFORE ADMISSION)	Carpente	F WORKING LIFE) INDUSTRY
2/	Agryland Cec	1000	RG YES NO DE	AME	org Rd. 21
	George WAS DECEASED EVER IN U.S. ARA		am Nar	ADDRE	Bryan
/	(YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES) 239-1	4-1273 Sally Hay	wood Col	ORG Md. 21
	PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (a)	ngestive Dans	Failure	BETWEENON
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING	0% S.C. V.C		DITION GIVEN IN PART 11a
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM IB PART 1 OR PART ?)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	1	CITY OR TO	19 95
WED	22a certify that (I) (this hospit sow the deceosed office on obove, (I) (we) (did) (did not	11-18	om 6-/ 1985 9 3 , and that in (my) (our) apinion DEGREE	, to	19 82 th ote and hour and from the co
	22b. S10 0 S	Fla	MO ATTENDING	MEDICAL STAI	FF _ 11-10
7	228 PHYSICIAN'S NAME THE OF	credit) 6	22e ADDRESS		

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399



DHMH - 16 60M 7/84 (VRA 15, 4) 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072743 NOV 23-8 PATE REG NO I. DECEASED NAME YEAR 20 DATE KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI-Mary FUNERAL DIRECTOR. FOR YOUR FILES. VITHIN 72 HOURS 6. AGE (IN YEARS IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Jan. 20. 199 198 IS NECESSARY, DEAD 0 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X U.S.A. Marvland 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION INSIDE CITY LIMITS 130-1577 9T ADMess thut Springs Rd. CHEEBEEKeCitW 14. FATHER'S NAME 15. MOTHER'S MAIDENNAME Anastasia Kusnevich Shestock Elias MIDDLE MIDDLE 24 HC. LIEM 18. GIV. TONG WITH FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO . INFORMANT Shestock Rd. 1790 shestnut Springs 1778. NO. OR UNKNOWN Anna ChesapeakeCity Md. APPROXIMATE INTERVAL ALONG WI 18 CAUSE OF DEATH (Enter only one cause per line for (9), 1b), and (c). CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG V
OR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT
THE STATE DEPARTMENTOF HEALTH AND MENTAL HYGIENE,
NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR, CONDITION GIVEN IN PART, 1 10 CERTIFICATION 20 AUTOPSY? YES [NO X 21g. EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION AT WORK AT WOLLE STREET, FACTORY, FARM, ETC.1 STREET CITY OF TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STANLAND, 2 Inspection X 228. I certify that I took charge of the remains described above, held on Autapsy and in my apinian death resulted fram-Natural causes Accident Hamicide Undetermined manner TIFLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 07/84 BP 25M **DHMH - 17** (VR A15 ME (5))

0722 8 . 4 2 5 0

TBST O S VON

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

				REG.	NO.		
1. DECEASED NAME FIRST	MIDDL	E	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Melvin	Georg	ge Sne	elling	Novembe	r 2]	1 1987	2:20Pm
3. SEX	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST!		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	July	24 1908	79 yrs.	YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8		9 BALTIMORE CITY		Y OF DEATH	
Virginia	U.S.A.	WIDOWE	D NEVER MARRIED DIORCED	Cecil Co	unty		MD.
10. CITY OR TOWN OF DEATH		PITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
Elkton	Laurelwoo	od Nursing H	lome	Food Serv			Aberdeen
USUAL RESIDENCE (IF NURSING HOME 136, STATE 136 CO	UNTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN Colora	13d. Inside City Limits?	13e STREET ADDRESS 287 Frist	ZIP COD		Md.
14 FATHER'S NAME	CCII	OOTO! a	15. MOTHER'S MAIDEN NA	1	noau		1911
Robert	Lee S	Snelling	Margaret	WIDDLE		Boutchy	ard
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT	ADD	RESS		
(18 YES, CONTUNENDUM) (18 YES, C	22	20-14-3819	Norma K. Sne	elling	Color	ra, Md.	21917
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per line	far (a), (b), and (c).				APPROXI SETWEEN C	MATE INTERVAL DNSET AND DEATH
PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c) T CONDITIONS <u>CONTR</u>	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATION		200 AUTOPSY?	20b. IF YE	VEN IN PART 1:0	IGS USED
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	JURY	21c HOW INJURY OCCUR				МОП
00.00.00.00.00.00	PEAIR	MONTH DAY YEAR					
WHILE NOT WHILE AT WORK	21e PLACE OF IN	NJURY ACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR	iOWN	COUNTY	STATE
220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did)			nd that in (my) (aur) apinion	death accurred on the	date and ha		that (I) (we) last causes stated
22b. SIGNATURE	- Any		DEGREE ATTENDING PHYSICIAN		AFF ICIAN []	22c DATE	SIGNED
Joseph G. La.			721 Bridge St	., Elkton,	Md. 2	1921	
23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
Burial	Nov. 25,1		y Chapel Cem.	conowing		cil Ma	ryland
Patterson	Acrution Pe	errvville. M	arvland 25NO	V 23 1987	R 756, REGIS	RAKS SIGN	

Patterson & Son, Perryville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other than

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE .. and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deta AAPORTANT. 22e ABORESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) $M\Omega$ 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE CITY OR TOWN Burial 11-15-87 West Nottingham Cecil Colora BP MD 250 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ARUSINE Maryland Sun Foard (VRA 15, 4) Funeral Home

STATE OF MARYLAND

YEAR

IF UNDER I YEAR

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IF UNDER 24 HRS

DHMH - 16 50M 1/81

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ATTENDING PHYSICIAN

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

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	REGISTRAR			CEKTIFIC	AIE UF	DEATH	REG. N	10		
1. DE	CHARLE FIRST		MIDDI E	LAS	T		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(44)	GEORGE	7	CI	ים <i>א</i> הזיבויו	, Jr.		N	ov. S	9 1987	
3 SEX		4 RACE		5. DATE OF	•		6 AGE (IN YEARS LAST B	0	IF UNDER 1 YEAR	IF UNDER 24 HR
3. 3L				MONTH	DAY	YEAR		11.04.1)	MONTHS DAYS	HOURS MIN
-	Male	White		July	7 5	1900	87	YRS		
	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED	☐ NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
Ne	w York	U.S.A		WIDOWED	S	NORCED [Cecil C	ounty		
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INS	MOITUTION	120 USUAL OCCUPA		12b. KIND C	OF BUSINESS C
El	kton		ood Nursir		ne		Civil Engi			N.Y. Authori
ÜsÜ	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	DMISSION)			1		1///	1100
7	Delaware New	Castle	13c CITY OR TOWN Wilmingtor		YES X	NO [13e.STREET ADDRESS		/ /-	0007
LEE	THER'S NAME	Castle	WIIMINGCOI			'S MAIDEN NA	1112 Thisse	тт га	ne (/1	9807
2	FIRST	MIDDLE	LAST	l'	3 MOTTER	FIRST	MIDDLE		1A	ST
	George		Stewart		Mai	-			Ruf	fle
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURI	TY NO.	7 INFORM			RESS Wilm	., De.	19808
	Yes	WW I	096 16 63	158	Gaye 3	. Wake	field,3207	Falco	n Lane,	119 D
	18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b) and (0/1	1	7	1	1	APPRO)	ONSET AND DEAT
	PART I. DEATH WAS CAU	SED BY:	(a.	().	11		(80			
	IMMEDI	ATE CAUSE (0)		acc		uma	1	100	-	
-		DUE TO, O	RAS A CONSEQUEN	ICE OF	A	//	1001			
	Conditions, if ony, which	(b)_		non	live	Hea	A tailer	4		
	gove rise to immediate couse (a), stating the	DUETO	RAS A CONSEQUEN	ICE OF			111	. 0	/	
	underlying couse last.	100010,0	AS A COMPLETE	~		d. 6	Stal .	alle	26.0	
	PART 2 OTHER SIGNIFICAN	I CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT PELATE	D TO THE TERM	MINIAL DU EASE OR CO	NDITION GI	IVEN IN PART 1	10
Z	TAKE OF EKSTORIA CAR	1 00110113 0	DIVINIBOTINO TO DE	2011	OI KEEAIL	D TO THE TERM	MINAL DISEASE ON CO	101101101	TYPE TO THE TO	
CERTIFICATION	190. DATE OF OPERATION	19h COND	ITION FOR WHICH O	PERATION	WAS PERE	ORMED	20a AUTOPSY?	20h JE YE	ES, WERE FIND!	NGS LISED
FIC	M. DATE OF OFERATION	1100000	morrok which o	LIKATION	TT AS TERM	OKMED		IN CERT	IFYING CAUSES	OF DEATH?
RTI							YES NO		res 🗌	NO 🗌
-	210. ACCIDENT WAS UNDERLYING		efinjury M. Month day		21c HOW I	NJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18	PART I OR PART 2)	
A	OR CONTRIBUTING CAUSE OF I	DEATH	M.	19						
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCAT	ION				
X	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET FACTORY, OFFICE FAR	M, ETC)	STREE	1	CITY OR	OWN	COUNTY	STATE
				6-24	- 0.1	41	11-0		1007	
	22a.1 certify the (1) this ho		e deceosed from	2.5		19_81			. 19 6	that (li (we)
	now the deceased alive	not wiew the body	otter death	, ond	thot in my	() () opinion	deoth occurred on the	dote and ho	our and Irom the	couses stated
	274 SIGNATURE	Λ	1011	DE	GREE		1		22c. DATE	SIGNED
		1	XX			ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	- 4	
	774 PHYSICIAN'S NAME (TH	TOWNSON Y	- July	N I	22e ADDRE		DIKECTOK PHIS	CIMIN		
		200	-: W.D				Street, El	kton	ма 21	921
	Dr. Josep	n s. Lan						LLUII,	PIG. ZI	
23a B	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NA	ME OF CE	METERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	Cremation	Nov.10	,1987 R.A.	. Fer	ris &	Co.	West Ches	ster	Chester	
24 FL	JNERAL DIRECTOR	16	21:1				TE REC'D. BY REGISTRA	R 25h REGIS	TRAR'S SIGNA	TURE
	Hicks Home I	or Funera	18 would	Elkt	on, Me	d.	NUV 161	987	A A	· .
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DHMH - 16 60M 7/B (VRA 15, 4)

TO FLINERAL DIRECTOR: After this certificate mount to earlicorner for use os the burnel transmitter to the size Meeting Hyperical Control of Heolith and Meeting Hyperical Control of Heolith and Meeting Hyperical Control Co

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	NEO. TO.					

			REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.
25 D N	INV I	P. F	GEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	
م وق	01	1	GEORGE	RUBIN VANDERMAR	K .1D	November 1	2. 1987 7·11P
po po	en.	3. SE	х	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI
ctor s off			Male	White	Mar. 17, 1920	67	YRS.
Pag dire	30		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	- 9 BALTIMORE CITY O	OR COUNTY OF DEATH
A 772	67		W York	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	0 17 0	ountv
0 24	1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	OG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. KIND OF BUSINESS
	1/4	Pe	erry Point	VA Medical Cent	er	Custodiar	of working life) INDUSTRY Bd. of Educ
11:1	8-1	QSU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION) /N \$13d. INSIDE CITY LIMIT	S? 13e.STREET ADDRESS	
1/1	15		ryland Harf				
I W	18 - /		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	I NAME -	
7 P. 0	弘	1	, ma.	ubin Vandermar	ck Christi	MIDDLE	Plank
ecute d col	icol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	IRITY NO 17 INFORMANT	ADDR	ESS
Pag .	The de	- (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 054 12	0592 VAME, Per	ry Point, Mar	Judy Way, Edgewood, Myland 219021040
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sign hen p	ijury,	Z	PART Z. OTHER SIGNIFICANT	TONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	IERMINAL DISEASE OR CON	IDITION GIVEN IN PART ITO
v ren		CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
n. nos b perm	w s	FF					IN CERTIFYING CAUSES OF DEATH?
sicia sicia ote h nsit	of -	ERT	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	171r HOW IN JURY OC	CURRED (ENTER NATURE OF INJU	YES NO
CIAN: 3 phys ertifico iol-tror ntal Hy	20		OR CONTRIBUTING CAUSE OF DEA	THE THE PARTY OF	AY YEAR	COUNTED (EMIEW AND ON HATE	in by (iem to rant i Ourant 2)
rSIC nng cer cer	F	2	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
this this	P	MEDICAL	21d, INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	FARM, ETC 211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
of the	-X	_	AT WORK NOT WHILE				
ND OF OF PEOPLE	E			ital) attended the deceased from		37 10 11/12	, 19_87, that (X (we)
A ATTEN hospital RECTOR ed for u	23		sow the deceased alive on	ot) view the body ofter death.	B./, and that in XX (our) ope	nion death occurred on the d	late and hour and from the causes stated
R A hos hos hed hed ept.	tea		226. SIGNATURE		DEGREE		22c. DATE SIGNED
the Dist	=		Kevin	M. Miller o	ATTENDIN PHYSICIA	IG MEDICAL STA	
by by JER Sto	Z 1		224 PHYSICIAN'S NAME (TYPE C		22e ADDRESS	TO DIRECTOR TOTAL	CIAISE
retained by TO FUNE should be with the S	IMPORT	18	Kevin M. Mille	er, M.D.	VA Medical	Center, Perr	y Point, MD 21902
of TO Sho	<u>x</u>	23a I	BURIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMATO		, , , , , , , , , , , , , , , , , , , ,
BP			Burial		elAir Mem. Garder	CITY OR TOWN	COUNTY STATE
01		24 FI	INFRAL DIRECTOR	7077 0 1 1	250		Harford Md.
DHMH - 16 60M (VRA 15, 4)		Мс	Confa's Funeral H	lome, 1317 Cokest	Jury Road	NOV 1 7 1987	Julia Deviden Randar
(VKM 10, 4)	1			, unitidantiff	1017 101102 1009	1104 7 1 201	Manual Manual Langal